



**COLEGIO DE MUNTINLUPA**  
Posadas Ave., Sucat, Muntinlupa City

Control No.:

Issuance Date:



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Control No.:

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### PRE-ENROLLMENT REQUIREMENTS

- BARANGAY CLEARANCE** – 1 Original Copy
- CERTIFICATE OF RESIDENCY** – 1 Original Copy
- DRUG TEST RESULT** – 1 Original Copy (from Ospital ng Muntinlupa or any Accredited Private or Public Hospitals and / or Clinics)
- MEDICAL CLEARANCE** – 1 Original Copy (from Ospital ng Muntinlupa or any Accredited Private or Public Hospitals and / or Clinics)

Bring the results of the following laboratory tests:

- Chest X-Ray
- Urinalysis (Urine)
- Hematology (CBC and Blood Type)
- Physical Examination

- PSA BIRTH CERTIFICATE** – 1 Original Copy
- FORM 138 (CLASS CARD)** – 1 Original Copy
- SENIOR HIGH SCHOOL DIPLOMA** – 1 Certified True Copy
- CERTIFICATE OF GOOD MORAL CHARACTER** – 1 Original Copy (from the School Graduated)
- MUNTINLUPA CARE CARD** for Muntinlupa Residents ONLY – 1 Photocopy (Front & Back)

#### **ADDITIONAL DOCUMENTS FOR TRANSFEREES:**

- HONORABLE DISMISSAL** (Certificate of Transfer Credentials)
- TRANSCRIPT OF RECORDS (TOR)**
- PROGRAM CURRICULUM**
- COURSE DESCRIPTIONS**

Please submit in a **LONG BROWN ENVELOPE**.

*Incomplete Requirements shall NOT BE ACCEPTED.*

**Deadline of Submission** : \_\_\_\_\_

**Submitted By** : \_\_\_\_\_

**Date Submitted** : \_\_\_\_\_

**Received By** : \_\_\_\_\_

**Date Received** : \_\_\_\_\_

Registrar's Copy

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**Submitted By** : \_\_\_\_\_

**Date Submitted** : \_\_\_\_\_

**Received By** : \_\_\_\_\_

**Date Received** : \_\_\_\_\_

Applicant's Copy



# COLEGIO DE MUNTINLUPA

Posadas Ave., Sucat, Muntinlupa City



## MEDICAL REFERRAL SLIP

**Date Accomplished:** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Complete Address:** \_\_\_\_\_

For the purpose of securing a medical certificate (fit to study) as an enrollment requirement, we are humbly referring to your medical institution (any accredited private or public hospital and / or clinic) the student bearer of this medical referral slip for the following medical or laboratory tests:

- Drug Test
- Chest X-Ray
- Urinalysis
- Hematology (CBC and RH Blood Type)
- Physical Examination

### **OFFICE OF THE REGISTRAR**

Colegio de Muntinlupa  
Posadas Ave., Sucat, Muntinlupa City  
Telephone No.: (8)424-87-80 loc. 213  
E-mail Address: [registrar@cdm.edu.ph](mailto:registrar@cdm.edu.ph)